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FACSIMILE COVER SHEET

TO:	Examiner J. Hotaling U. S. Patent & Trademark Office Group Art Unit 3713		
FROM:	Frank L. Cire, Reg. No. 42,419		
RE:	U.S. Application No: 10/021,624 Atty. Docket No.: 03226.000103.		
FAX NO.:	(571) 273-8300		
DATE:	September 1, 2005	NO. OF PAGES:	15
		<small>(including cover page)</small>	
TIME:	11:38 A.M.	SENT BY:	LS

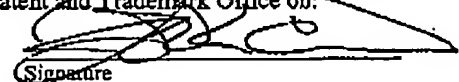
MESSAGE**Attachments:**

- 1) Amendment Transmittal
- 2) Amendment

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Name of person signing certificate

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SEP 01 2005

In re Application of:

ERIC MEYERHOFER et al.

Application No.: 10/021,624

Filed: December 11, 2001

For: METHOD AND APPARATUS FOR HUMAN
READABLE CHARACTER SCANNING
VERIFICATION AFTER PRINTING IN A
GAMING DEVICE

Docket No.

03226.000103.

Examiner: J. Hotaling

Group Art Unit: 3713

Date: September 1, 2005

Mail Stop Amendment
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 30	MINUS	** 30	= 0	x \$25 \$50	\$0
INDEP. CLAIMS	* 4	MINUS	*** 4	= 0	x \$100 \$200	\$0
Fee for Multiple Dependent claims \$180°/\$360						\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT—						\$0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

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- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, CA office at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Frank L. Cire
Attorney for Applicants
Registration No. 42,419

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03226.000103.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
ERIC MEYERHOFER et al.) Examiner: J. Hotaling
Application No.: 10/021,624) Group Art Unit: 3713
Filed: December 11, 2001)
For: METHOD AND APPARATUS)
FOR HUMAN READABLE)
CHARACTER SCANNING)
VERIFICATION AFTER)
PRINTING IN A GAMING)
DEVICE) September 1, 2005

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

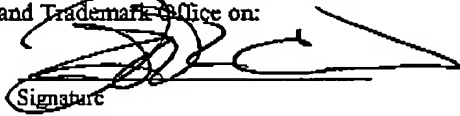
In response to the Office Action dated June 1, 2005, please amend the
above-identified application as follows:

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SignatureFrank L. Cire, Reg. No. 42,419

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